



PTO/SB/17 (07-06)

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|  |      |                          |                        |               |
|--|------|--------------------------|------------------------|---------------|
| <b>FEE TRANSMITTAL</b><br>For FY 2006  |      | <b>Complete if Known</b> |                        |               |
|  |      | Application Number       | 10/607,665-Conf. #8043 |               |
| <input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27 |      | Filing Date              | June 27, 2003          |               |
|  |      | First Named Inventor     | Kathryn G. RASMUSSEN   |               |
|  |      | Examiner Name            | D. G. Bonshock         |               |
|  |      | Art Unit                 | 2173                   |               |
| TOTAL AMOUNT OF PAYMENT  | (\$) | 120.00                   | Attorney Docket No.    | 5486-0115PUS1 |

|  |   |
|--|---|
| <b>METHOD OF PAYMENT</b> (check all that apply)  |   |
| <input type="checkbox"/> Check   | <input type="checkbox"/> Credit Card  |
| <input type="checkbox"/> Money Order   | <input type="checkbox"/> None   |
| <input type="checkbox"/> Other (please identify):  |   |
| <input checked="" type="checkbox"/> Deposit Account  | Deposit Account Number: 02-2448   |
|  | Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP                        |
| For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)                 |   |
| <input checked="" type="checkbox"/> Charge fee(s) indicated below  | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input checked="" type="checkbox"/> Credit any overpayments                       |

|   |                     |   |                                |                      |                                  |                       |                       |
|---|---------------------|---|--------------------------------|----------------------|----------------------------------|-----------------------|-----------------------|
| <b>FEE CALCULATION</b>  |                     |   |                                |                      |                                  |                       |                       |
| <b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>  |                     |   |                                |                      |                                  |                       |                       |
|   | <b>FILING FEES</b>  |   | <b>SEARCH FEES</b>             |                      | <b>EXAMINATION FEES</b>          |                       |                       |
|   |                     | <u>Small Entity</u>                                     |                                | <u>Small Entity</u>  |                                  | <u>Small Entity</u>   |                       |
| <u>Application Type</u>   | <u>Fee (\$)</u>     | <u>Fee (\$)</u>   | <u>Fee (\$)</u>                | <u>Fee (\$)</u>      | <u>Fee (\$)</u>                  | <u>Fee (\$)</u>       | <u>Fees Paid (\$)</u> |
| Utility   | 300                 | 150   | 500                            | 250                  | 200                              | 100                   |                       |
| Design  | 200                 | 100   | 100                            | 50                   | 130                              | 65                    |                       |
| Plant   | 200                 | 100   | 300                            | 150                  | 160                              | 80                    |                       |
| Reissue   | 300                 | 150   | 500                            | 250                  | 600                              | 300                   |                       |
| Provisional   | 200                 | 100   | 0                              | 0                    | 0                                | 0                     |                       |
| <b>2. EXCESS CLAIM FEES</b>   |                     |   |                                |                      |                                  |                       |                       |
| <u>Fee Description</u>  |                     |   |                                |                      |                                  | <u>Small Entity</u>   |                       |
|   |                     |   |                                |                      |                                  | <u>Fee (\$)</u>       | <u>Fee (\$)</u>       |
| Each claim over 20 (including Reissues)   |                     |   |                                |                      |                                  | 50                    | 25                    |
| Each independent claim over 3 (including Reissues)  |                     |   |                                |                      |                                  | 200                   | 100                   |
| Multiple dependent claims   |                     |   |                                |                      |                                  | 360                   | 180                   |
| <u>Total Claims</u>   | <u>Extra Claims</u> | <u>Fee (\$)</u>   | <u>Fee Paid (\$)</u>           |                      | <u>Multiple Dependent Claims</u> |                       |                       |
| 20  | - 20 = 0            | x 50.00   | = 0.00                         |                      | <u>Fee (\$)</u>                  | <u>Fee Paid (\$)</u>  |                       |
| HP = highest number of total claims paid for, if greater than 20.   |                     |   |                                |                      |                                  |                       |                       |
| <u>Indep. Claims</u>  | <u>Extra Claims</u> | <u>Fee (\$)</u>   | <u>Fee Paid (\$)</u>           |                      |                                  |                       |                       |
| 3   | - 3 = 0             | x 200.00  | = 0.00                         |                      |                                  |                       |                       |
| HP = highest number of independent claims paid for, if greater than 3.  |                     |   |                                |                      |                                  |                       |                       |
| <b>3. APPLICATION SIZE FEE</b>  |                     |   |                                |                      |                                  |                       |                       |
| If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). |                     |   |                                |                      |                                  |                       |                       |
| <u>Total Sheets</u>   | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u>                | <u>Fee Paid (\$)</u> |                                  |                       |                       |
|   | - 100 =             | /50   | (round up to a whole number) x | =                    |                                  |                       |                       |
| <b>4. OTHER FEE(S)</b>  |                     |   |                                |                      |                                  |                       |                       |
| Non-English Specification, \$130 fee (no small entity discount)   |                     |   |                                |                      |                                  | <u>Fees Paid (\$)</u> |                       |
| Other (e.g., late filing surcharge): 1251 Extension for response within first month   |                     |   |                                |                      |                                  | 120.00                |                       |

|                     |                      |                                   |                |
|---------------------|----------------------|-----------------------------------|----------------|
| <b>SUBMITTED BY</b> |                      |                                   |                |
| Signature           | <i>Penney Caudle</i> | Registration No. (Attorney/Agent) | 29,680         |
| Name (Print/Type)   | Michael G. Mutter    | Telephone                         | (703) 205-8000 |
|                     |                      | Date                              | March 30, 2007 |